Ó

| | 0 | 1 | _ | . 2 | ٥ | | Ş | Ĺ | |
|---|---|---|---|-----|---|---|----|-------|--|
| _ | | _ | _ | _ | _ | _ | ١. | 1 . F | |

EL039054469US

| ŧ | 1 | |
|---|---|--|
| | 1 | |
| | | |
| _ | | |

| PTO/SB/05 (03-01) |
|-----------------------|
| 1/2002, OMB 0651-0032 |

| Please type a plus sign (+) inside this box | → ⊔ | U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE |
|--|------------------------------|---|
| Under the Paperwork Reduction Act of 1995, n | o persons are required to re | spond to a collection of information unless it displays a valid OMB control number. |

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. First Inventor Methods duced B Systems and

Express Mail Label No. FI.03905446911S (Only for new nonprovisional applications under 37 CFR 1.53(b)) Cellular Assistant Commissioner for Patents APPLICATION ELEMENTS lood pecies ADDRESS TO: **Box Patent Application** Washington, DC 20231 See MPEP chapter 600 concerning utility patent application contents. Fee Transmittal Form (e.g., PTO/SB/17) CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) Applicant claims small entity status. 8. Nucleotide and/or Amino Acid Sequence Submission See 37 CFR 1.27. (if applicable, all necessary) ferred arrangement set forth below) Specification Computer Readable Form (CRF) Descriptive title of the invention Specification Sequence Listing on: Cross Reference to Related Applications CD-ROM or CD-R (2 copies); or - Statement Regarding Fed sponsored R & D Reference to sequence listing, a table, i i. 🔲 paper or a computer program listing appendix

- Background of the Invention Statements verifying identity of above copies - Brief Summary of the Invention ACCOMPANYING APPLICATION PARTS - Brief Description of the Drawings (if filed) - Detailed Description Assignment Papers (cover sheet & document(s)) - Claim(s) Power of 37 CFR 3.73(b) Statement 10. - Abstract of the Disclosure Attorney (when there is an assignee) English Translation Document (if applicable) 11. 4. X Drawing(s) (35 U.S.C. 113) [Total Sheets Copies of IDS Information Disclosure 12. Citations 5. Oath or Declaration [Total Pages Statement (IDS)/PTO-1449 Preliminary Amendment 13. Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed) Return Receipt Postcard (MPEP 503) 14 (Should be specifically itemized) Certified Copy of Priority Document(s) (if foreign priority is claimed) **DELETION OF INVENTOR(S)** Signed statement attached deleting inventor(s) Nonpublication Request under 35 U.S.C. 122 named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. Application Data Sheet. See 37 CFR 1.76 Other: 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation-in-part (CIP) of prior application No.: 09 /540.935 Continuation Divisional Group Art Unit: Examiner For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS Correspondence address below Customer Number or Bar Code Label (insext Cosmor No. or Altach but made tabel here) Name Michael C. Mayo Baxter Healthcare Corporation Route 120 and Wilson Rd. Address Zip Code State City Round Lake 60073 U.S. Fax Telephone Country 847/270-2826 /270-26**5**8 Registration No. (Attorney/Agent) Name (Print/Type) Signature Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

| 4 | /m\ |
|-----|-----|
| - 1 | (3) |
| | 141 |

| Complete if Known | | | |
|----------------------|----------------------|--|--|
| Application Number | | | |
| Filing Date | | | |
| First Named Inventor | Daniel Lynn | | |
| Examiner Name | | | |
| Group Art Unit | | | |
| Attorney Docket No. | F-5235 CIP DIV CIP 2 | | |

| METHOD OF PAYMENT | FEE CALCULATION (continued) | | | | |
|---|-----------------------------|--|----------|--|--|
| 1. X The Commissioner is hereby authorized to charge indicated fees and credit any overnayments to: | 3. ADDITIONAL FEES | | | | |
| indicated fees and credit any overpayments to: | Large | Small | | | |
| Account 02-1443 | Entity Fee Fee Fee | Entity Fee Fee Description | Fee Paid | | |
| Deposit | Code (\$) Code | | Tecraid | | |
| Account Name | 105 130 205 | 65 Surcharge - late filing fee or oath | | | |
| Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 | 127 50 227 | 25 Surcharge - late provisional filing fee or cover sheet | | | |
| Applicant claims small entity status. | 139 130 139 | 130 Non-English specification | | | |
| See 37 CFR 1.27 | 147 2,520 147 | 2,520 For filing a request for ex parte reexamination | | | |
| 2. Payment Enclosed: Check Credit card Money Other | 112 920* 112 | 920* Requesting publication of SIR prior to Examiner action | | | |
| FEE CALCULATION | 113 1,840* 113 | 1,840* Requesting publication of SIR after Examiner action | | | |
| 1. BASIC FILING FEE | 115 110 215 | 55 Extension for reply within first month | | | |
| Large Entity Small Entity | 116 390 216 | 195 Extension for reply within second month | | | |
| Fee Fee Fee Fee Description | 117 890 217 | 445 Extension for reply within third month | | | |
| Code (\$) Code (\$) Fee Paid 101 710 201 355 Utility filing fee | 118 1,390 218 | 695 Extension for reply within fourth month | | | |
| 106 320 206 160 Design filing fee | 128 1,890 228 | 945 Extension for reply within fifth month | | | |
| 107 490 207 245 Plant filing fee | 119 310 219 | 155 Notice of Appeal | | | |
| 108 710 208 355 Reissue filing fee | 120 310 220 | 155 Filing a brief in support of an appeal | | | |
| 114 150 214 75 Provisional filing fee | 121 270 221 | 135 Request for oral hearing | | | |
| | 138 1,510 138 1 | 1,510 Petition to institute a public use proceeding | | | |
| SUBTOTAL (1) (\$) | 140 110 240 | 55 Petition to revive - unavoidable | | | |
| 2. EXTRA CLAIM FEES Fee from | 141 1,240 241 | 620 Petition to revive - unintentional | | | |
| Extra Claims below Fee Paid | 142 1,240 242 | 620 Utility issue fee (or reissue) | | | |
| Total Claims | 143 440 243 | 220 Design issue fee | | | |
| Independent 2 - 3** = X == | 144 600 244 | 300 Plant issue fee | | | |
| Multiple Dependent | 122 130 122 | 130 Petitions to the Commissioner | | | |
| | 123 50 123 | 50 Processing fee under 37 CFR 1.17(q) | | | |
| Large Entity Small Entity Fee Fee Fee Fee Description | 126 180 126 | 180 Submission of Information Disclosure Stmt | | | |
| Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20 | 581 40 581 | 40 Recording each patent assignment per property (times number of properties) | | | |
| 102 80 202 40 Independent claims in excess of 3 | 146 710 246 | 355 Filing a submission after final rejection | | | |
| 104 270 204 135 Multiple dependent claim, if not paid | | (37 ČFR § 1.129(a)) | | | |
| 109 80 209 40 ** Reissue independent claims over original patent | 149 710 249 | 355 For each additional invention to be examined (37 CFR § 1.129(b)) | | | |
| 110 18 210 9 ** Reissue claims in excess of 20 | 179 710 279 | 355 Request for Continued Examination (RCE) | <u></u> | | |
| and over original patent | 169 900 169 | 900 Request for expedited examination of a design application | | | |
| SUBTOTAL (2) (\$) 710.00 | Other fee (specify) | | | | |
| *or number previously paid, if greater; For Reissues, see above | *Reduced by Basic | c Filing Fee Paid SUBTOTAL (3) | | | |

| SUBMITTED BY | | | Complete (if applicable) |
|-------------------|----------------|--|--------------------------|
| Name (PrintlType) | Michael C Maye | Registration No. (Attorney/Agent) 38,545 | Telephone 847/270-2826 |
| Signature | 1/2030 | | Date 3/27/01 |

WARRING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.